



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E340166**

1 7 27

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input checked="" type="checkbox"/>	HIT & RUN INVOLVED <input checked="" type="checkbox"/>

CASE #	14-01545	
LOCAL AGENCY CODING		
TOTAL # OF UNITS	02	OBJECT STRUCK UTILITY POLE

TRIBAL RESERVATION	
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M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 07 - 05 - 2014	0000	31		0864

ON (PRIMARY TRAFFIC WAY)	INTERSECTION <input type="checkbox"/>	NON-INTERSECTION <input checked="" type="checkbox"/>
91ST AVE SE		BLOCK NO. <input checked="" type="checkbox"/> 729
		MILE POST <input type="checkbox"/>

DISTANCE	MILES	N <input type="checkbox"/>	E <input type="checkbox"/>	OF (REFERENCE OR CROSS STREET)
	FEET	S <input type="checkbox"/>	W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE
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LAST NAME	UNKNOWN	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	
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CITY	ST	ZIP
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG 9	RESTR. 9	EJECT 9	HELMET USE 9	INJURY CLASS 0	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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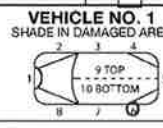
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE DODG	MODEL TRUCK	STYLE	VEHICLE TOWED <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #
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VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input checked="" type="checkbox"/>	DAMAGE THRESHOLD MET <input checked="" type="checkbox"/>	PHONE D: 4257831000
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LAST NAME	SNOHOMISH COUNTY PUD	FIRST NAME	MIDDLE INITIAL
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STREET NEW ADDRESS	PO BOX 1107
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CITY	EVERETT	ST WA	ZIP 98206
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	STATE	SEX U	D.O.B. MMDDYYYY
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	RESTR.	EJECT	HELMET USE	INJURY CLASS	NATURE OF INJURIES
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LICENSE PLATE #	STATE	VIN#
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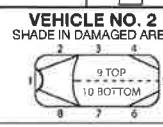
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	MAKE	MODEL	STYLE	VEHICLE TOWED <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE <input type="checkbox"/>
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REGISTERED OWNER INFO.	
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LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO. & POLICY #
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VEHICLE LEGALLY STANDING <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	BADGE OR ID #	AGENCY
DENNIS IRWIN	105	WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E340166**

CASE # **14-01545**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

A passerby noted a broken utility pole and contacted 911. After arriving it appeared that sometime during the evening hours a unknown type of Dodge truck UNIT #1) was apparently backing down the shared use driveway of 729 91st Ave SE and struck a PUD utility pole. UNIT #1 fled the scene, and left behind a broken Dodge truck red tail light lens.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

DENNIS IRWIN

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

07-08-14 11:31 PM

DATED

PLACE SIGNED

APPROVED BY

SGT. C. VALVICK 71

DATE

7/9/2014 5:59:33 AM

BADGE OR ID # **105**

ORI #

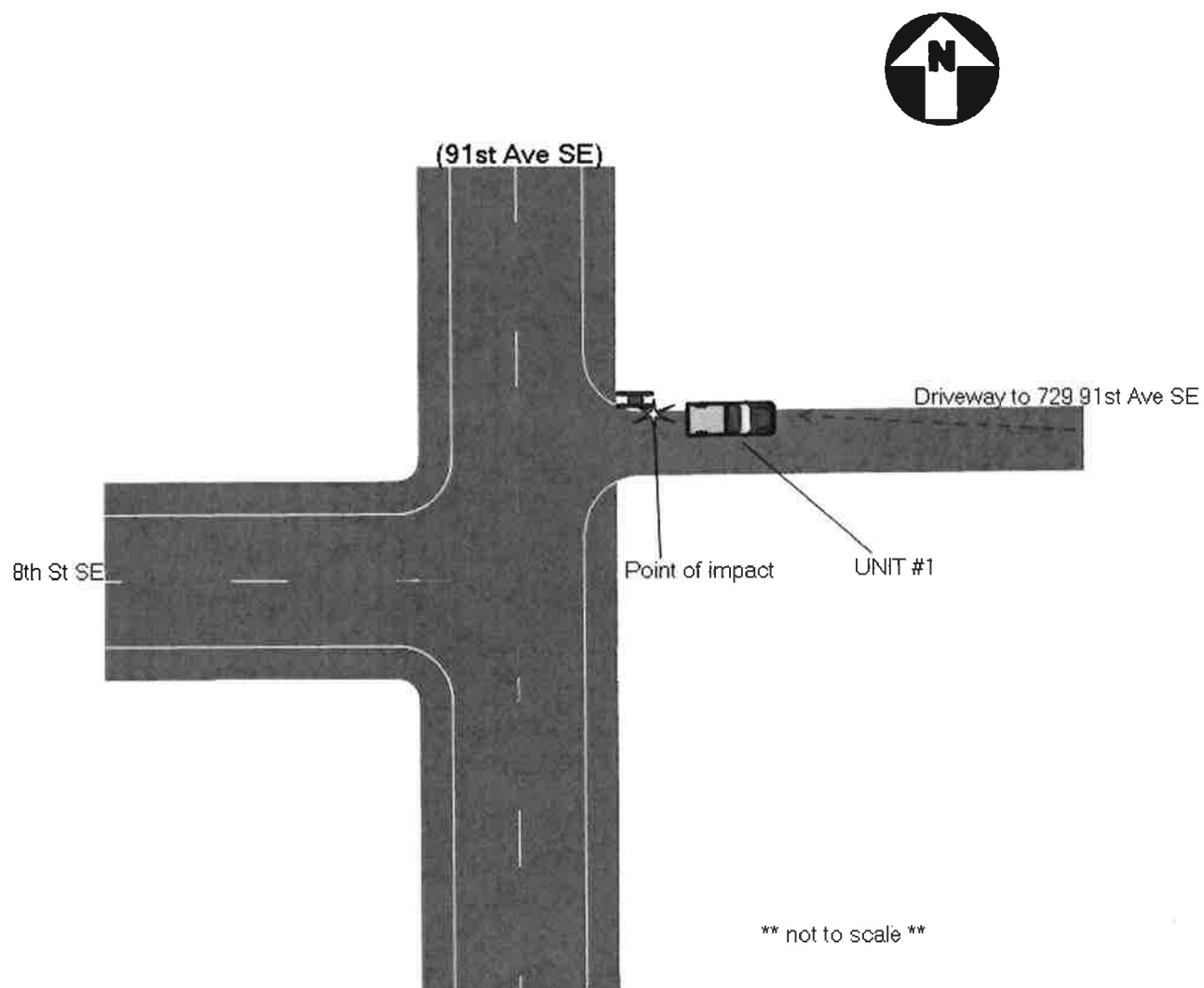
WA0311900

TIME POLICE DISPATCHED

4:36 AM

TIME POLICE ARRIVED

4:41 AM



LAKE STEVENS POLICE DEPARTMENT

FIELD INCIDENT REPORT

DATA		INCIDENT CLASSIFICATION HIT AND RUN (COLLISION)				ADDRESS / LOCATION OF INCIDENT 729 91st Ave SE				CASE NUMBER 14-01545							
										PREMISES TYPE / NAME Driveway							
REPORTING PARTY		REPORTED ON				OCCURRED ON OR FROM				OCCURRED TO							
		MONTH 07	DAY 05	YEAR 14	TIME 0436	MONTH 07	DAY 04	YEAR 14	TIME	MONTH 07	DAY 05	YEAR 14	TIME 0436				
PROPERTY		ADDL ON SUPP. <input type="checkbox"/> PERSONS <input type="checkbox"/> VEHICLES		CODES: V - VICTIM W - WITNESS 0 - OTHERS		B - VICT BUSINESS C - COMPLAINANT G - PARENT/GUARD		D - DECEASED RO - REG. OWNER		TYPE VICTIM CODE: I - INDIVIDUAL B - BUSINESS F - FINANCIAL		G - GOVERNMENT R - RELIGIOUS S - SOCIETY / PUB		P - POLICE O - OTHER U - UNK			
		NO. B1		NON-DISC.		NAME (LAST, FIRST, MIDDLE) Snohomish County Pud		RACE		ETH		SEX		DOB		HGT	
PERSON / SUSPECT		STREET ADDRESS PO Box 1170				CITY Everett				STATE WA		ZIP 98206		OCCUPATION/SCHOOL			
		RESIDENCE PHONE				BUSINESS PHONE 425-783-1000				CELL PHONE				SOCIAL SECURITY NUMBER			
STOLEN / VEHICLE		ITEM # 1		<input type="checkbox"/> STOLEN <input checked="" type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION Wooden Utility (electric) Pole				MODEL #		COLOR					
		QTY 1		SERIAL # None		ARTICLE/TYPE						EST. VALUE \$5,000.00					
		ITEM #		<input type="checkbox"/> STOLEN <input type="checkbox"/> DAMAGE <input type="checkbox"/> LOST		DESCRIPTION				MODEL #		COLOR					
		QTY		SERIAL #		ARTICLE/TYPE						EST. VALUE					
SIGNATURE		PERSON LISTED IS: <input type="checkbox"/> MISSING <input type="checkbox"/> RUNAWAY <input checked="" type="checkbox"/> SUSPECT <input type="checkbox"/> OTHER										IF RUNAWAY/MISSING OFFICER IS REQUESTING A WACIC/NCIC <input type="checkbox"/> ENTRY <input type="checkbox"/> LOCATE <input type="checkbox"/> CLEAR					
		NO. S1		NAME (LAST, FIRST, MIDDLE) Unknown				RACE		ETH		SEX		DOB		HGT	
		ALIAS NAME(S)				IDENTIFIERS (SCARS, MARKS OR TATTOOS)											
		STREET ADDRESS				CITY				STATE		ZIP		RES. PHONE			
		DATE OF LAST CONTACT		SOCIAL SECURITY NUMBER		OLN		PLACE OF BIRTH				BLOOD TYPE					
		MISCELLANEOUS INFO :															
SIGNATURE		ORI/ WA0311900				VERIFY PHONE 425-407-3970											
		NO. 1		LICENSE NUMBER UNKNOWN		STATE		VIN / HULL NUMBER		YEAR		MAKE Dodge		MODEL Truck			
		COLOR		SPECIAL FEATURES / DESCRIPTION				VALUE IF STOLEN \$				REGISTERED OWNER'S PHONE					
		REGISTERED OWNER'S NAME				REGISTERED OWNER'S ADDRESS				REGISTERED OWNER'S ALT. PHONE							
		MILEAGE		DAMAGE TO VEHICLE Y <input type="checkbox"/> N <input type="checkbox"/>		IF YES:											
		1 2		LICENSE PLATE(S)		Y <input type="checkbox"/> N <input type="checkbox"/>		DELINQ. PAYMENT?		Stand <input type="checkbox"/> Auto <input type="checkbox"/>		TRANSMISSION		Y <input type="checkbox"/> N <input type="checkbox"/>			
Y <input type="checkbox"/> N <input type="checkbox"/>		VEHICLE LOCKED		Y <input type="checkbox"/> N <input type="checkbox"/>		THEFT INSURANCE?		Y <input type="checkbox"/> N <input type="checkbox"/>		STEREO		Y <input type="checkbox"/> N <input type="checkbox"/>					
Y <input type="checkbox"/> N <input type="checkbox"/>		IGNITION KEY IN VEH		Y <input type="checkbox"/> N <input type="checkbox"/>		REGISTRATION		<input type="checkbox"/> ENTER VEHICLE LICENSE PLATE/S STOLEN		<input type="checkbox"/> ENTER VEHICLE STOLEN							
NARRATIVE		On 07/05/14 at about 0436 hours, a passer-by discovered that a wooden power belonging to Snohomish PUD located at about the 700 block of 91st Ave SE had been damaged and was hanging by only the electrical wires. The initial inspection revealed that the pole had apparently been struck by a large Dodge truck backing down a driveway, based on the height of the damage and a portion of a red tail light lens for a Dodge truck found at the location.															
		An area check showed that there was no video coverage in that immediate area, no witnesses had come forward and that no person came forward to identify themselves as the suspect. The Snohomish County PUD Repair Crew related the cost to remove and replace the damaged pole would be approximately \$5,000.00															
		A SECTOR collision report was completed and submitted.															
		DISPOSITION: Closed															
SIGNATURE		MAKING FALSE REPORTS TO PUBLIC OFFICERS: (1) A PERSON COMMITS THE CRIME OF MAKING A FALSE REPORT IF HE / SHE WILLFULLY MAKES ANY UNTRUE, MISLEADING OR EXAGGERATED STATEMENT IN ANY REPORT TO A POLICE OR FIRE DEPT, (2) MAKING A FALSE REPORT IS A MISDEMEANOR. I DO NOT AND DID NOT GIVE ANYONE PERMISSION TO TAKE OR REMOVE MY VEHICLE. I CERTIFY AND DECLARE UNDER THE PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THE FORGOING IS TRUE AND CORRECT.															
		Initial () I HEREBY GRANT PERMISSION TO SEARCH THE ABOVE LISTED VEHICLE WHEN RECOVERED. THE SEARCH MAY EXTEND TO THE ENTIRE VEHICLE.															
SIGNATURE		Initial () I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE															
SIGNATURE		SIGNATURE OF PERSON															
		DATE															
SIGNATURE		LOCATION SIGNED															
		OFFICER NAME / NUMBER D. IRWIN #101															
SIGNATURE		APPROVED BY W #1															
		ENTERED															

LSPD
ORIGINAL

Incident History for: #SS14012959

Case Numbers: \$SS14001545

Entered 07/05/14 04:36:49 BY SPDP17 SP0174

Dispatched 07/05/14 04:36:55 BY SPDP17 SP0174

Enroute 07/05/14 04:36:55

Onscene 07/05/14 04:41:50

Closed 07/05/14 05:32:34

Initial Type: THAZ Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1418 Map Page: 397E-2 Group: SS1 Beat: SOUT

Src: T

Loc: 8 ST SE/91 AV SE ,LKS (V)

Loc Info: E SIDE OF STREET

Name: 12S12/MON PD

Addr:

Phone:

/0436 (SP0174) ENTRY ,BROKEN POWER POLE LEANING INTO ROADWAY

/0436 DISPER 19S11 #SS71 VALVICK,SGT (CRAIG)

/0437 CLEAR 19S11 D/A

/0437 CLOSE 19S11

/0441 REOPEN ,NO MORE INFORMATION

/0441 DISPOS 19N2 #SS105 IRWIN,OFFICER (DENNIS)

/0442 MISC ,19S11 WILL CALL PUD AND ADV

/0444 NEWLOC 19N2 [729 91]

/0444 MISC 19N2 ,CHECKING DRIVEWAY

/0444 ASSTER 19S11 [729 91]

#SS71 VALVICK,SGT (CRAIG)

/0444 ASSTER 19N1 [729 91]

#SS104 LAMBIER,OFFICER (JEFF)

/0450 MISC 19N2 ,NO # FOUND ON POLE

/0452 MISC 19S11 ,PUD ENRT

/0455 ASNCAS 19N2 \$SS14001545

/0455 CHANGE TYP: THAZ

---> COL .

,H/R

/0500 (SS71) CLEAR 19S11

/0528 (SP0174) MISC 19N2 ,PUD ONSC

/0532 CLEAR 19N2 D/H

/0532 CLEAR 19N1 D/H

/0532 CLOSE 19N1

LSPD
ORIGINAL